

**CORPORATION
ANNUAL REPORT
1995**

FLORIDA DEPARTMENT OF REVENUE
Sandra B. Mackinnon
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 APR 24 AM 4:19

DOCUMENT # N48868 (6)
1. Corporation Name
THE TABERNACLE OF THE HIGHER POWER, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address
**433 SOUTH MAIN STREET
LAKE PLACID FL 33852
US** **P.O. BOX 3300
LAKE PLACID FL 33852
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/14/1992** 3a. Date of Last Report **04/08/1994**
4. FEI Number **59-3124651** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**RANDOLPH, NATHANIEL
1928 DECATOR STREET
SEBRING FL 33870**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
300001466353
83 **-04/27/95--01039--003**
84 City *******82.50 *****82.50
FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	RANDOLPH, NATHANIEL
STREET ADDRESS	1928 DECATOR STREET
CITY - ST - ZIP	SEBRING FL
TITLE	D
NAME	RANDOLPH, ANGELA
STREET ADDRESS	1928 DECATOR STREET
CITY - ST - ZIP	SEBRING FL
TITLE	D
NAME	RANDOLPH, GERALD
STREET ADDRESS	565 VANGUARD AVENUE
CITY - ST - ZIP	LAKE PLACID FL
TITLE	D
NAME	RANDOLPH, PATRICIA
STREET ADDRESS	565 VANGUARD AVENUE
CITY - ST - ZIP	LAKE PLACID FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NATHANIEL RANDOLPH
1.3 STREET ADDRESS	4, CAMELOT, CT
1.4 CITY - ST - ZIP	LAKE PLACID FL 33852
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ANGELA RANDOLPH
2.3 STREET ADDRESS	4, CAMLOT, CT
2.4 CITY - ST - ZIP	LAKE PLACID FL 33852
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GERALD RANDOLPH
3.3 STREET ADDRESS	17, CENTRAL, AVE
3.4 CITY - ST - ZIP	LAKE PLACID FLA 33852
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PATRICIA RANDOLPH
4.3 STREET ADDRESS	17, CENTRAL, AVE
4.4 CITY - ST - ZIP	LAKE PLACID FLA 33852
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nathaniel Randolph Pastor* Home (813) 465-9197
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
Church (813) 699-5801